

Name
in
Full

Anna Virginia Atkinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Richmond* Town *Crail* County **MARYLAND**

Date of death 1909 *aug* Month *10* Day *5* Age *5* Years *8* Months *13* Days

Sex *Female* Color or Race *White* Birth-place *Richmond*

Occupation *—* Where Residing if not at place of death *Richmond*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Jerry M. Atkinson* Father's Birthplace *Richmond*

Mother's Maiden Name *Catherine E. Watts* Mother's Birthplace *Falwood*

Name of person giving Information *Jerry M. Atkinson* How related to deceased *Father*

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary *Acute Indigestion* How long *One hour*

Immediate

Are the name, age, sex, color, date and place correctly given above?

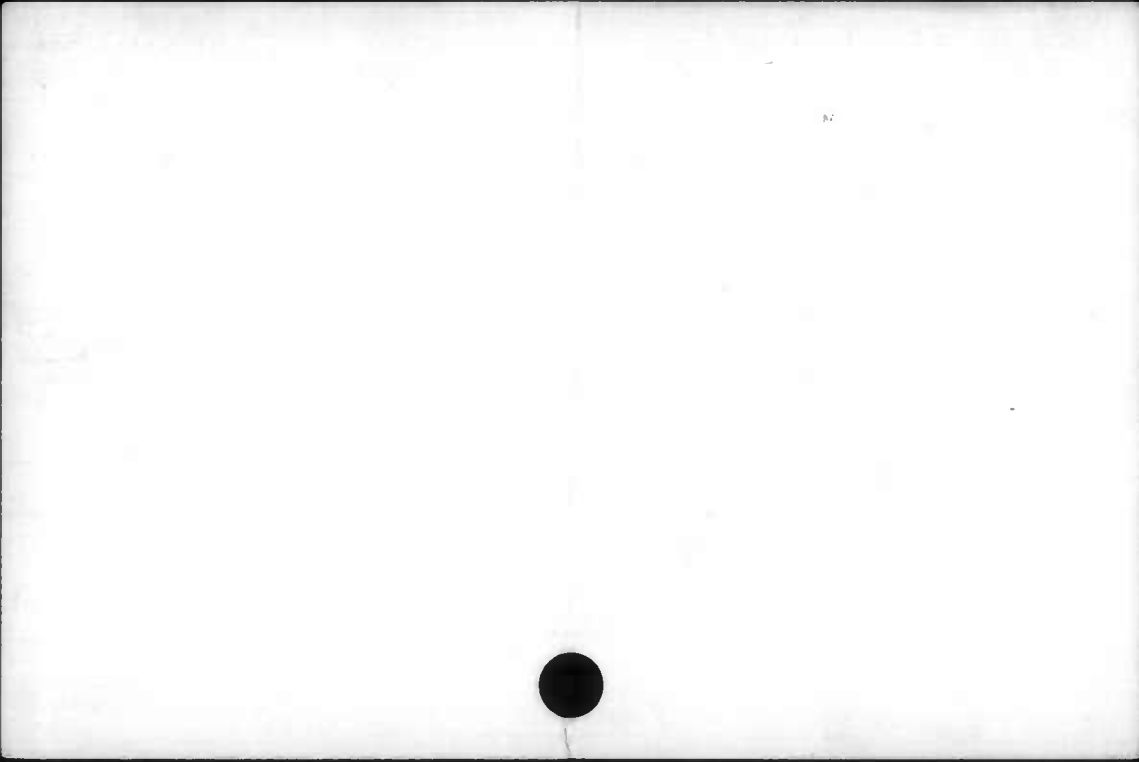
Yes

Signature of Physician

Address

J. B. Sluice
Rising Sun
Ind.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

Geo. Biddle

Town

County

MARYLAND

Died at *Near Earville Cecil*

Date

of death

1909

Month

8

Day

8

Age

Years

3

Months

3

Days

Sex

Male

Color or
Race

Black

Birth-
place

Cecil Co, Md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Raymond Biddle

Father's
Birthplace

Cecil Co, Md-

Mother's
Maiden Name

Waller's Long

Mother's
Birthplace

" " "

Name of person giving
Information

Raymond Biddle

How related
to deceased

Father

CAUSES OF DEATH

Primary

How long

How long

Immediate

Meningitis

14 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

A.M. Black

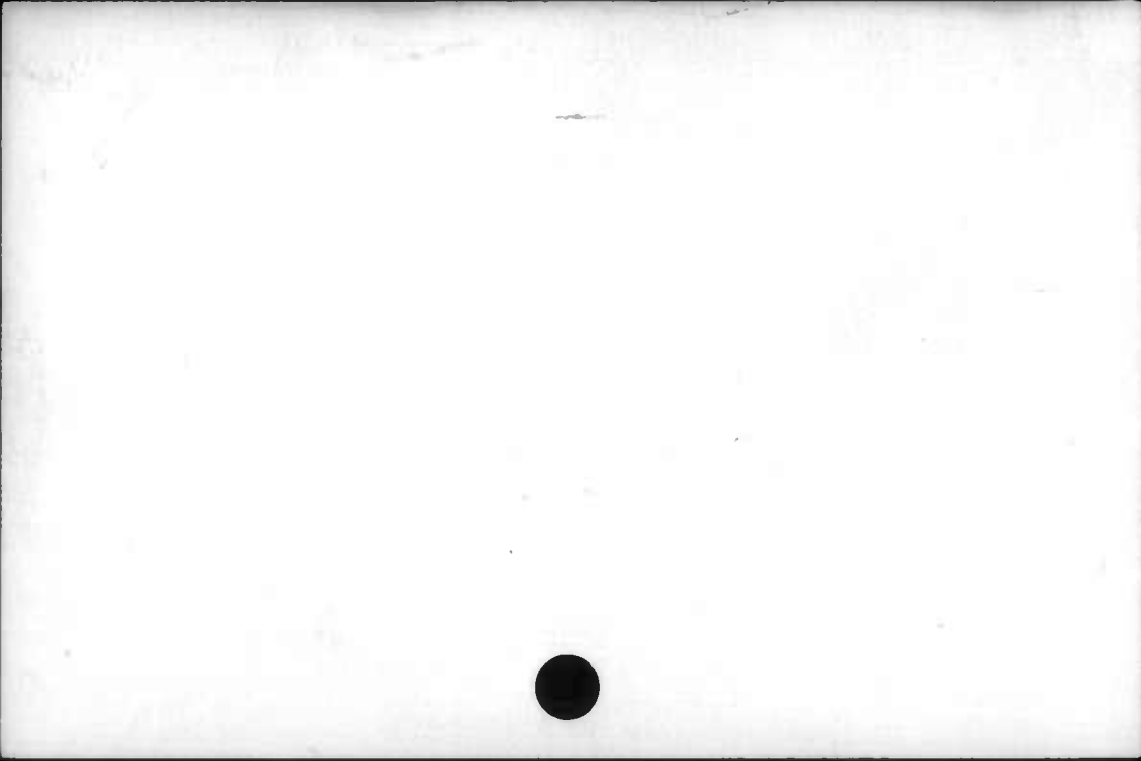
Address

Beenton Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Charles Biddle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Cherry Hill* Town *Cecil* County
Date of death *1909* Month *August* Day *22* Age *80* Years
Sex *male* Color or Race *white* Birth-place *md*
Occupation *Farmer* Where Residing if not at place of death
Married, Single or Widowed *single* Name of Wife or Husband
Father's Name *Spencer Biddle* Father's Birthplace *md*
Mother's Maiden Name *Susan Pugh* Mother's Birthplace *md*
Name of person giving Information *Geo N Bennett* How related to deceased *Cousin*

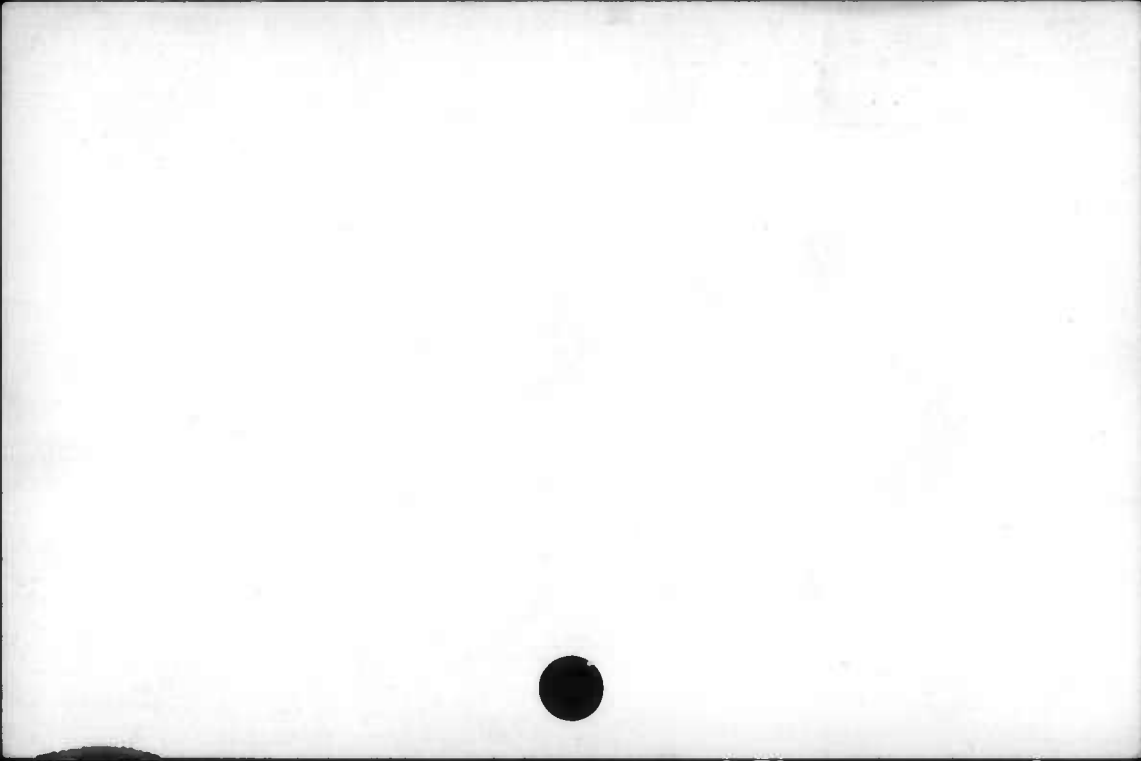
CAUSES OF DEATH

154

How long

PHYSICIAN
OR CORONER

Primary *Old age*
Immediate *Exhaustion* How long *2 weeks*
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Winfred A. Morrison*
Address *Elkton, Md.*
Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>North East</i> Town		<i>Cecil</i> County		MARYLAND	
Date of death <i>1909</i>	Month <i>August</i>	Day <i>4</i>	Age <i>-</i>	Years <i>-</i>	Months <i>1</i>
Sex <i>Male</i>	Color or Rse <i>White</i>	Birth-place <i>North East</i>			
Occupation <i>-</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>-</i>		Name of Wife or Husband <i>-</i>			
Father's Name <i>Frank L Boulder</i>		Father's Birthplace <i>Cecil, Co</i>			
Mother's Maiden Name <i>anne Jasker</i>		Mother's Birthplace <i>Ohio</i>			
Name of person giving Information <i>Josephine Jasker</i>		How related to deceased <i>Grandmother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Concussion* 71 X *3 days*

How long

Immediate

Are the name, age, sex, color, data and place correctly given above?

Signature of Physician

Address

Accident or Suicida

132112

Name
in
Full

Sarah E. Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

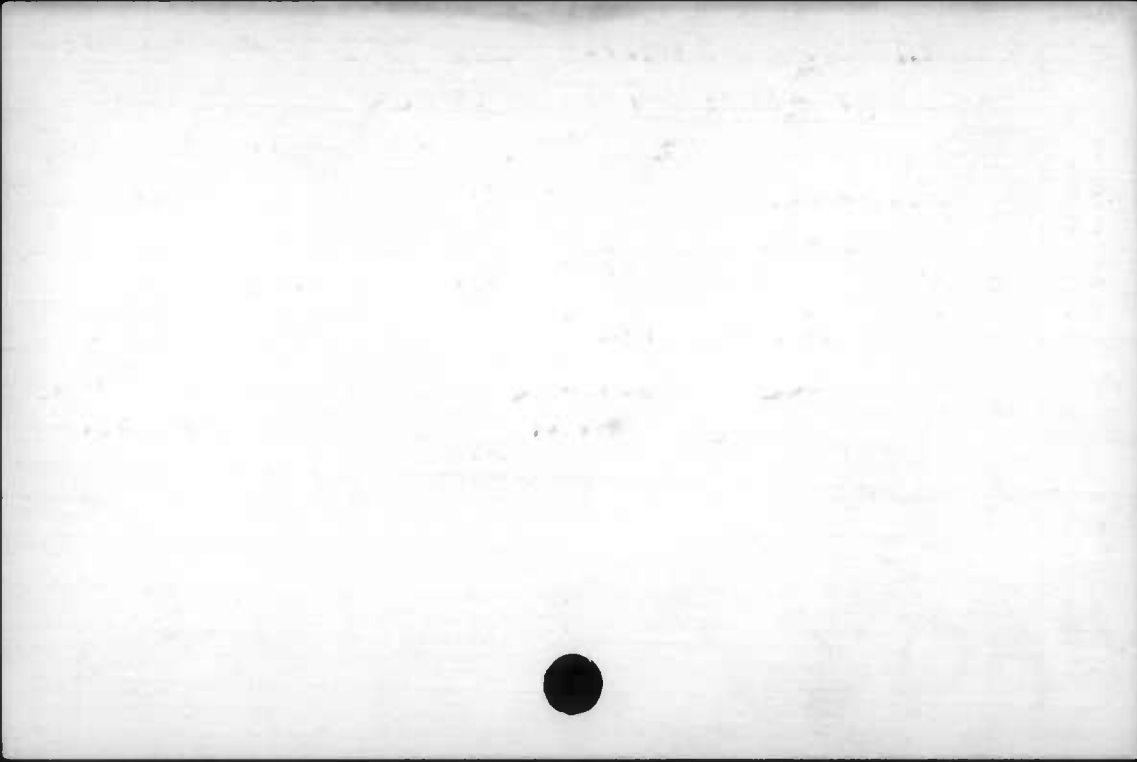
Died at		Town		County		MARYLAND	
Chesapeake Le City				Cecil			
Date of death	1909	Month	18	Day	12	Age	22
Sex		Color or Race		Birthplace			
Female		Colored		Chesapeake City			
Occupation		Where Residing if not at place of death					
Wife							
Married, Single or Widowed	Married	Name of Wife or Husband		Albert Brown			
Father's Name	Charles Carter	Father's Birthplace		Warrick			
Mother's Maiden Name	Alice Brumby	Mother's Birthplace		Back Creek			
Name of person giving Information	Alice Carter	How related to deceased		Mother			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	Eight months
Immediate	Exhaustion	How long	Two hours
Are the name, age, sex, color, data and place correctly given above?	yes	Signature of Physician	T. Jackson
		Address	Chesapeake City, Md.
Accident or Suicide			



Name
in
Full

Gilbert Earle Buck

CERTIFICATE OF DEATH

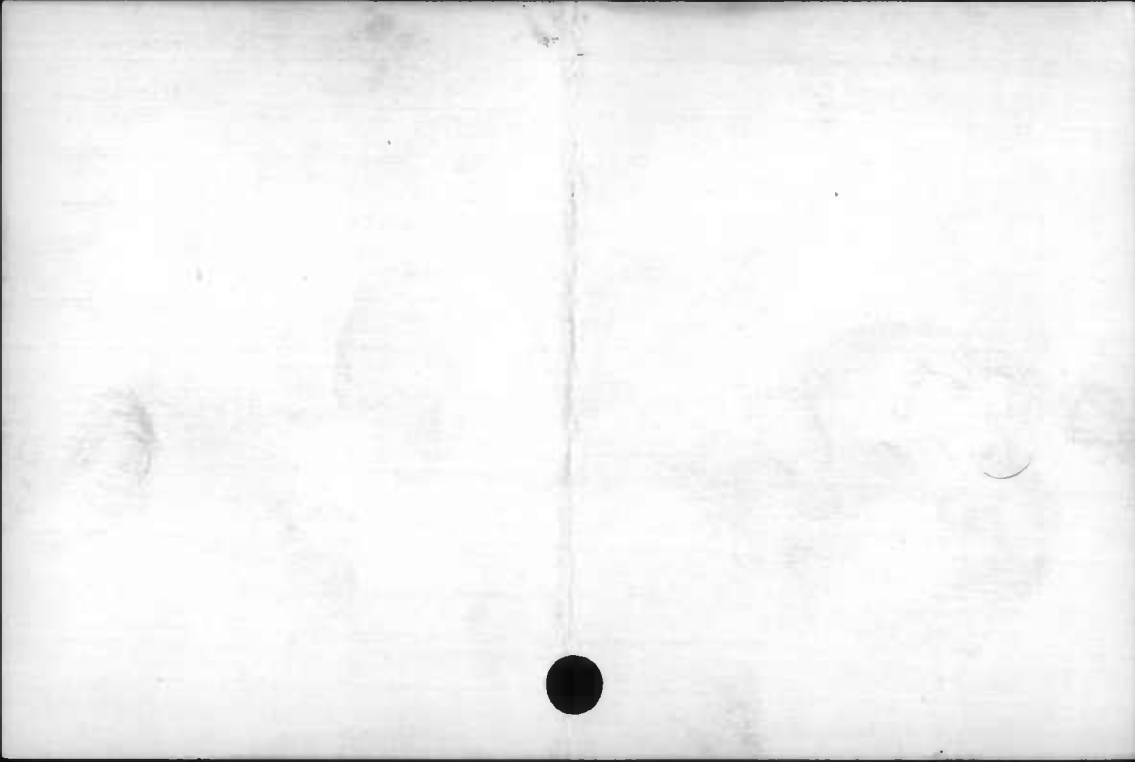
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Northville</i>		County <i>Local</i>		MARYLAND	
Date of death	Month <i>Aug</i>	Day <i>4</i>	Years <i>X X mill</i>	Months <i>8</i>	Days <i>0</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Northville</i>		
Occupation <i>none -</i>		Where Residing if not at place of death <i>Northville</i>			
Married, Single or Widowed		Name of wife or Husband			
Father's Name <i>Frank Buck</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>George Anna Rhodes</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving Information <i>Frank Buck</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

Primary <i>Dentition</i>	How long <i>105</i>
Immediate <i>Cholera Infantum</i>	How long <i>2 months</i>
Are the name, age, sex, color, data and place correctly given above?	Signature of Physician <i>J J Knight</i>
	Address <i>Wagons Ind</i>
Accident or Suicide <i>no</i>	

PHYSICIAN
OR CORONER



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

head Port-Depout- Cecil

MARYLAND

Date of death

1909 Aug

Age

62

Sex

Female

Color or Race

White

Birth-place

Cecil Co

Occupation

Housewife

Where Residing if not at place of death

Married, Single or Widowed

Widowed

Name of Wife or Husband

William Charsha

Father's Name

John Reyburn

Father's Birthplace

unknown

Mother's Maiden Name

Evaline Congrove

Mother's Birthplace

"

Name of person giving Information

Lila Brown

How related to deceased

Daughter

CAUSES OF DEATH

Primary

Pulmonary T.B.

How long

20 yrs

Immediate

Heart Failure.

How long

24 hrs

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

W. G. Liberty-Grove Md

PHYSICIAN
OR CORONER

Accident or Suicida



Name
in
Full

Joseph V Diamond

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Charlestown ^{County} Cecil

Date of death 1909 ^{Month} August ^{Day} 8th ^{Years} Age 82 ^{Months} 5 ^{Days}

Sex Male ^{Color or Race} White ^{Birth-place} Vermont Mass

Occupation Iron Worker ^{Where Residing If not at place of death} Charlestown

Married, Single or Widowed Married ^{Name of Wife or Husband}

Father's Name Charles Diamond

Father's Birthplace Not Known

Mother's Maiden Name Not Known

Mother's Birthplace Not Known

Name of person giving Information J. A. Graham

How related to deceased Son-in-law

CAUSES OF DEATH

Primary Stomach & Liver Trouble

106
How long 3 years
How long 6 days

Immediate Diarrhea

Are the name, age, sex, color, date and place correctly given above? yes

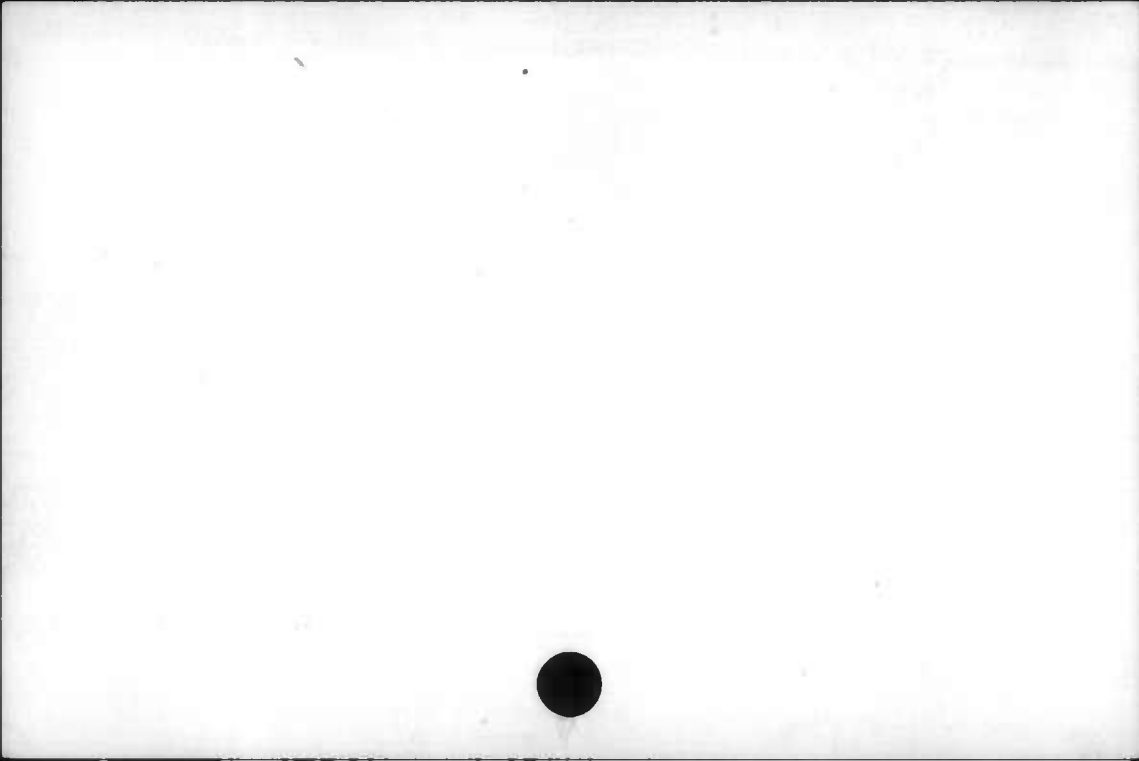
Signature of Physician

Address

L. F. Hamrick
North East
Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Edward S. Drummond

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Andover* Town *Cecil* County **MARYLAND**

Date of death 1909 Month 8 Day 28 Age 27 Years Months Days

Sex *Male* Color or Race *White* Birth-place *Andover*Occupation *Farmer* Where Residing if not at place of deathMarried, Single or Widowed *Single* Name of Wife or HusbandFather's Name *John H. Drummond* Father's Birthplace *Andover*Mother's Maiden Name *Martha B. Souden* Mother's Birthplace *Pennsylvania*Name of person giving Information *John H. Drummond* How related to deceased *Father*

CAUSES OF DEATH

69

X

Primary *Epileptic Spree*

How long

Immediate *Convulsion*

How long

Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Paul Fraser* CoronerAddress *Exton Md*

Accident or Suicida

PHYSICIAN
OR CORONER

249



Union

Name
in
Full

Rebecca R Furgerson

CERTIFICATE OF DEATH

Died at *North East Cecil* ^{Town} ^{County} **MARYLAND**

Date of death 1909 ^{Month} *August* ^{Day} *24* ^{Years} *15* ^{Months} *15* ^{Days}

Sex *Female* Color or Race *White* Birth-place *North East*

Occupation *—* Where Residing if not at place of death *North East*

Married, Single or Widowed. *—* Name of Wife or Husband *—*

Father's Name *Henry Furgerson* Father's Birthplace *Montgomery Co*

Mother's Maiden Name *Rachel Ann McKenney* Mother's Birthplace *Elk Neck*

Name of person giving Information *Rachel Ann McKenney* How related to deceased *Mother*

CAUSES OF DEATH

Primary *Morasmus* **151** *2 weeks*
How long How long

Immediate *—* Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *L J Hammock*

Address *North East Md* Accident or Suicide *—*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in Full

Thomas Alexander Glover

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Hingery

Leet

Date

of death

1909

Month

Day

Age

Years

Months

Days

Aug

28

67

10

Sex

Male

Color or
Race

White

Birth
place

Maryland

Occupation

Retired

Where Residing if not
at place of death

—

Married, Single
or WidowedName of Wife
Husband

Margaret J. Glover

Father's
Name

Samuel Glover

Father's
Birthplace

Unknown

Mother's
Maiden Name

Nancy Sadler

Mother's
Birthplace

Unknown

Name of person giving
Information

Thomas A. Glover

How related
to deceased

Son

CAUSES OF DEATH

Primary

Paralysis

How long

3 days

Immediate

Coma

How long

3 " "

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

O. J. Harris M.D.,
Cherry Hill,
Md.

Accident or Suicide

Leo

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

316

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Baby Hall

Town *Chesapeake* County *East*

Died at *Chesapeake & City*

MARYLAND

Date of death 190 *9* Month *May* Day *13* Age *Steer borne* Years Months Days

Sex *Female* Color or Race *white* Birth-place *Chesapeake City*

Occupation *Super-* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Harry Hall* Father's Birthplace *Illawarra*

Mother's Maiden Name *Myrtle Humphreys* Mother's Birthplace *Chesapeake City*

Name of person giving Information *J. C. Conroy* How related to deceased *no*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Asphyxia neonatorum* How long *Steer borne*

Immediate *asphyxia* How long *—*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *J. C. Conroy* Address *Chesapeake City*

Accident or Suicide



Name
in
Full

Mary Harrison

CERTIFICATE OF DEATH

Died at Rising Sun Town Cecil County MARYLAND

Date of death 1909 Aug 26 Age 64 Months 60 Days 60

Sex Female Color or Race White Birth-place Cecil Co

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Widow Name of Wife or Husband John C. Harrison

Father's Name Reese Maher Father's Birthplace Maryland

Mother's Maiden Name Elizabeth R. Burnett Mother's Birthplace Maryland

Name of person giving Information Margaret Harrison How related to deceased Daughter

CAUSES OF DEATH

179

X

Primary

How long

Immediate

How long

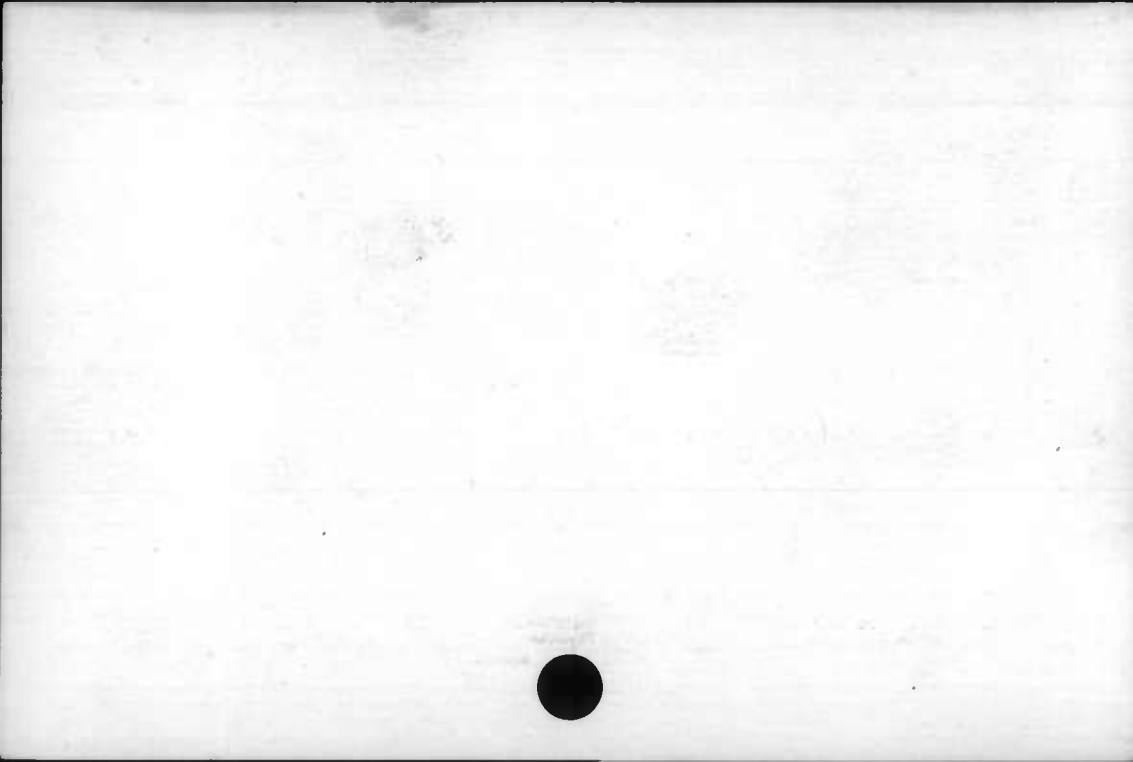
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORNER



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at *Unnarrick Johnson* Town *Cecil* County
 Date of death 1909 8 27 Age 6 weeks
 Month Day Years Months Days

Sex *Male* Color or Race *Colored* Birth-place *Ex More*
 Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's Name *Hooper Johnson*

Father's Birthplace *Cecil Co*

Mother's Maiden Name *Margie Dixon*

Mother's Birthplace *Cecil Co*

Name of person giving
Information *Margie Dixon*

How related
to deceased *Mother*

CAUSES OF DEATH

Primary *Marasmus*

How long *6 weeks*

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Frank Frager
Essex Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Received Sept-1, 1909.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Calista May Kinslow

Town

County

Died at near Jim

Cecil

MARYLAND

Date

of death 1909

Month

Aug

Day

8

Years

Age 10

Months

2

Days

28

Sex

Female

Color or
Race

Colored

Birth-
place

Near Jim Md.

Occupation

No

Where Residing if not
at place of death

Near Jim

Married, Single
or Widowed

Single

Name of Wife or
Husband

No

Father's
Name

Henry Kinslow

Father's
Birthplace

Cecil Co. Md.

Mother's
Maiden Name

Margaret Hammond

Mother's
Birthplace

Seanc. Co. Pa

Name of person giving
Information

Margaret Kinslow

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Enteric Gcolitis

How long

105

5 weeks

Immediate

Exhaustion

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

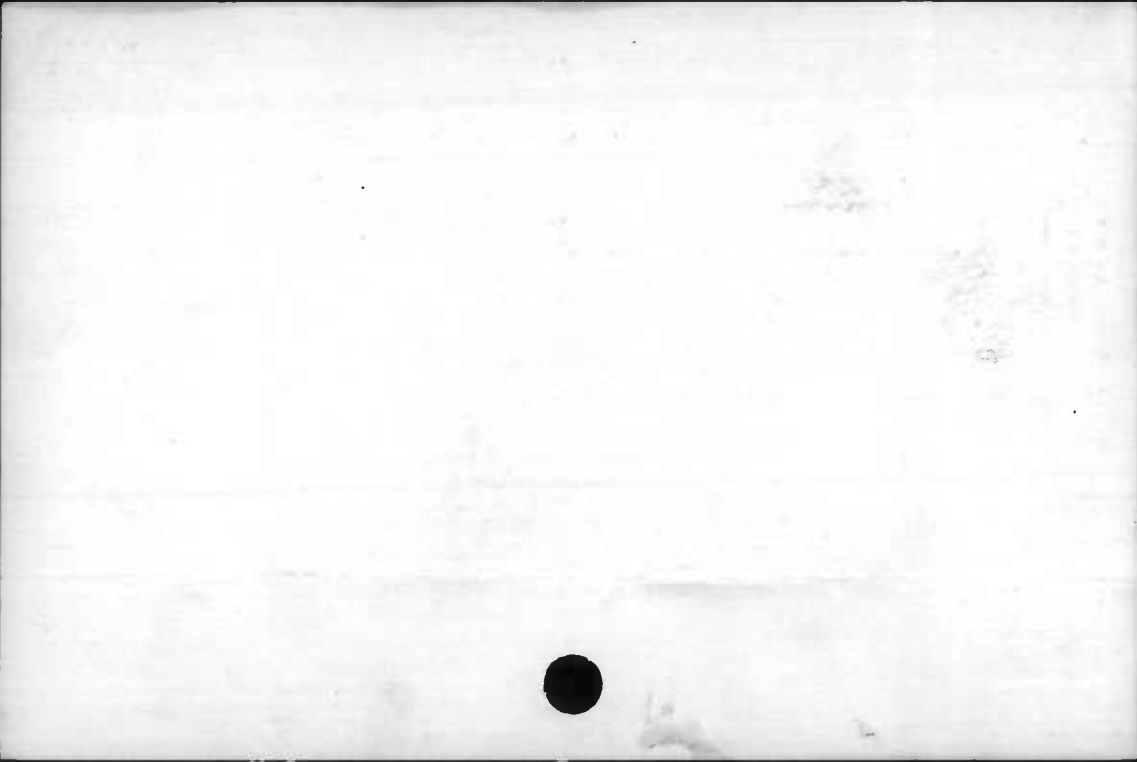
Signature of
Physician

Address

S. H. H. Jr.
Zim
Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Clara A. Kitchen

CERTIFICATE OF DEATH

Town **Colera** County **Coal** MARYLAND

Died at **Colera**

Date of death **1909 Aug 9th** Age **39** Months **39** Days **39**

Sex **female** Color or Race **white** Birth-place **Colera Co. Pa**

Occupation **Housewife** Where Residing if not at place of death **at home**

Married, Single or Widowed **widow** Name of Wife or Husband **John B Kitchen Decd**

Father's Name **James B Gane** Father's Birthplace **Pennry**

Mother's Maiden Name **Maggie Mattman** Mother's Birthplace **IL**

Name of person giving Information **Mrs Maggie Chapman** How related to deceased **Mother**

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary **Tuberculosis**

Immediate **Heart Failure**

27

How long

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER

3



4

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Ethel Viola Kline

Town *North East* County *Cecil*

Died at *North East*

Month *August* Day *5* Years *11* Months *1* Days *1*

Date of death *1909*

Age *11*

Sex *Female* Color or Race *White* Birth-place *North East*

Occupation *—* Where Residing if not at place of death *North East*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Jacob Kline* Father's Birthplace *North East*

Mother's Maiden Name *Laura W. Holden* Mother's Birthplace *Maryland*

Name of person giving Information *Laura W. Kline* How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Convulsions* How long *61* X

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *B. H. H. H. H. H.*

Address *North East*

Accident or Suicide



Name
in
Full

Laura V Kline

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *North East* *Cecil* County

Date of death 190 *9* *August* *22* Age *35* Months Days

Sex *Female* Color or Race *White* Birth-place *Elk Neck*

Occupation *Housekeeper* Where Residing if not at place of death *North East*

Married, Single or Widowed *Married* Name of Wife or Husband *Jacobi Kline*

Father's Name *John Halder* Father's Birthplace *Elk Neck*

Mother's Maiden Name *Ellen Halder* Mother's Birthplace *Martins*

Name of person giving Information *Jacobi Kline* How related to deceased *Husband*

CAUSES OF DEATH

Primary *Tuberculosis* *27* *X* *Drum ony per*

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

B. A. ...
N. Room

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

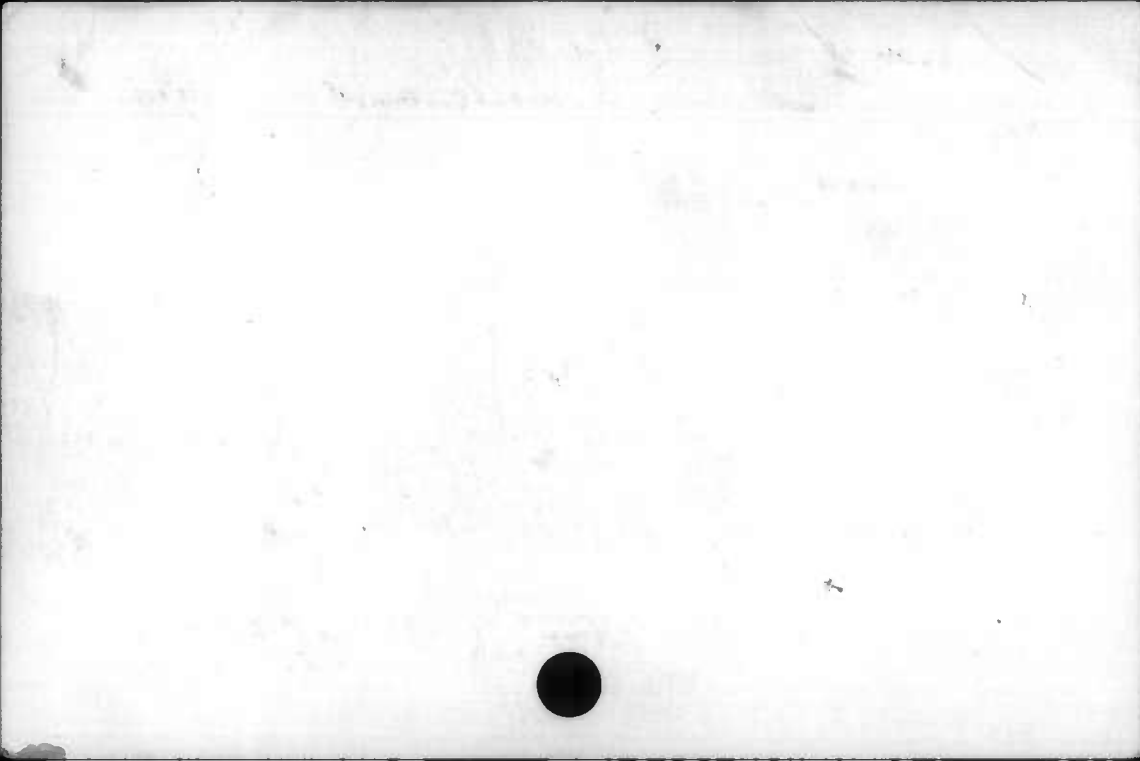
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Elcton</i> Town		<i>Mahon</i> County		MARYLAND	
Date of death 190 <i>9</i> Month <i>aug</i> Day <i>7</i>	Age <i>no</i> Years	Months <i>no</i>	Days <i>no</i>		
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Elcton</i>			
Occupation _____	Where Residing if not at place of death _____				
Married, Single or Widowed _____	Name of Wife or Husband _____				
Father's Name <i>William Mahon</i>	Father's Birthplace <i>Philada</i>				
Mother's Maiden Name <i>Raphael Venayona</i>	Mother's Birthplace <i>Brooklyn</i>				
Name of person giving Information <i>Wm Mahon</i>	How related to deceased <i>brother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>		<input checked="" type="radio"/> How long <i>X</i>
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>Wm D. Hawley</i>	Address <i>Elcton Md.</i>
Accident or Suicide			



Name
in
Full

Hattie B. Reed

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Elkton		County		Cecil		MARYLAND	
Date of death		1909	Month 8	Day 14	Age	23	Months -	Days -	
Sex	Female	Color or Race	White		Birth-place	Md			
Occupation	House		Where Residing if not at place of death						
Married, Single or Widowed	Single		Name of Wife or Husband						
Father's Name	Thomas B. Reed				Father's Birthplace	Md			
Mother's Maiden Name	Elizabeth Harris				Mother's Birthplace	Md			
Name of person giving Information	Emma Reed				How related to deceased	Sister			

CAUSES OF DEATH

(27)

Primary	Pulmonary Tuberculosis & Gastric Intoxication		How long	Several months
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	H. Arthur Mitchell M.D.
			Address	Elkton Md.
Accident or Suicide				

PHYSICIAN
OR CORONER

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Clarence Rhodes
Eaton

County

Cecil

MARYLAND

Date
of death

190

9

Month

8

Day

8

Age

Years

about 25 yrs

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Maryland

Occupation

Laborer

Where Residing if not
at place of death

Warwic

Married, Single
or Widowed

Single

Name of Wife or
HuabandFather's
Name

George Rhodes

Fether's
Birthplace

Delaware

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Maryland

Name of person giving
InformationHow related
to deceased

CAUSES OF DEATH

176

Primary

Internal Hemorrhage

How long

18 hours

Immediate

Bullet from Pistol

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Bruce H. Frazier Coroner

Address

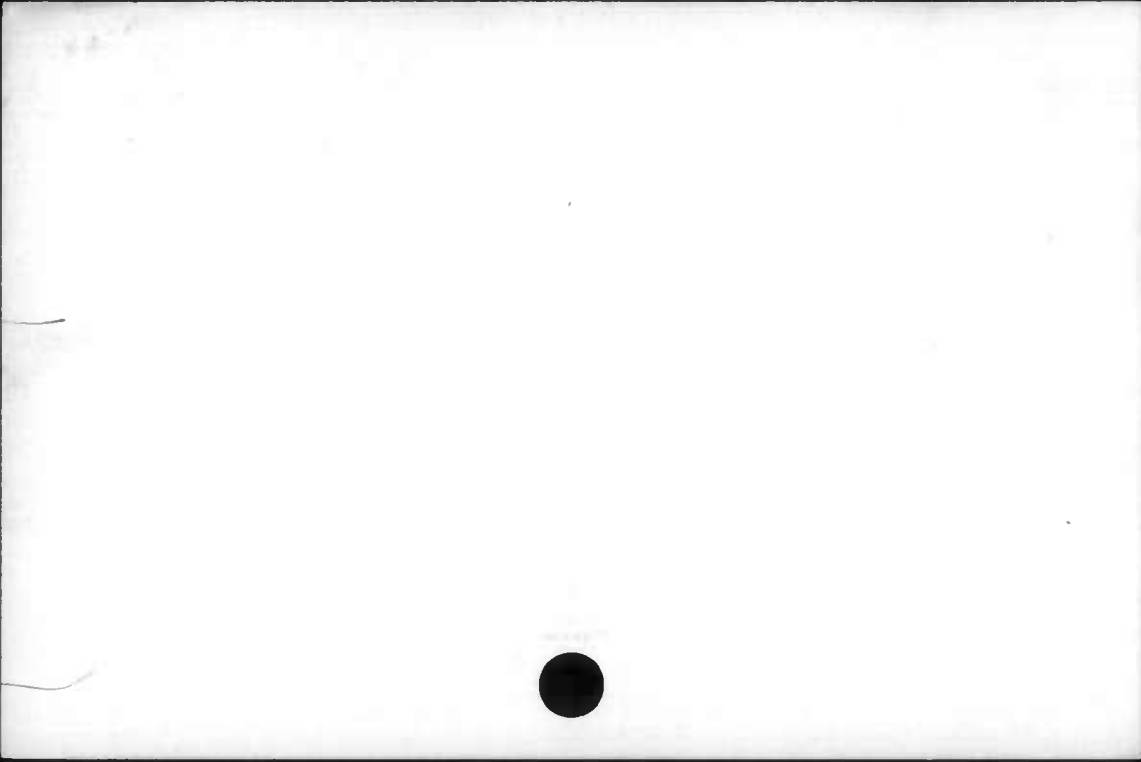
Eaton

Md

Accident or Suicide

Homicidal

PHYSICIAN
OR CORONER



Name
in
Full

Annie E Rutter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Elkton ^{County} Cecil

MARYLAND

Date of death 1909 ^{Month} Aug ^{Day} 23 ^{Years} Age 70 ^{Months} ^{Days}

Sex Female ^{Color or Race} white ^{Birth-place} Maryland

Occupation Housewife ^{Where Residing if not at place of death}

Married, Single or Widowed married ^{Name of Wife or Husband} J F Rutter

Father's Name Daniel Smith ^{Father's Birthplace} Maryland

Mother's Maiden Name Charlotte Smith ^{Mother's Birthplace} Maryland

Name of person giving Information J F Rutter ^{How related to deceased} Husband

CAUSES OF DEATH

45

Primary Cancer of Bladder ^{How long} 10 or 12 months

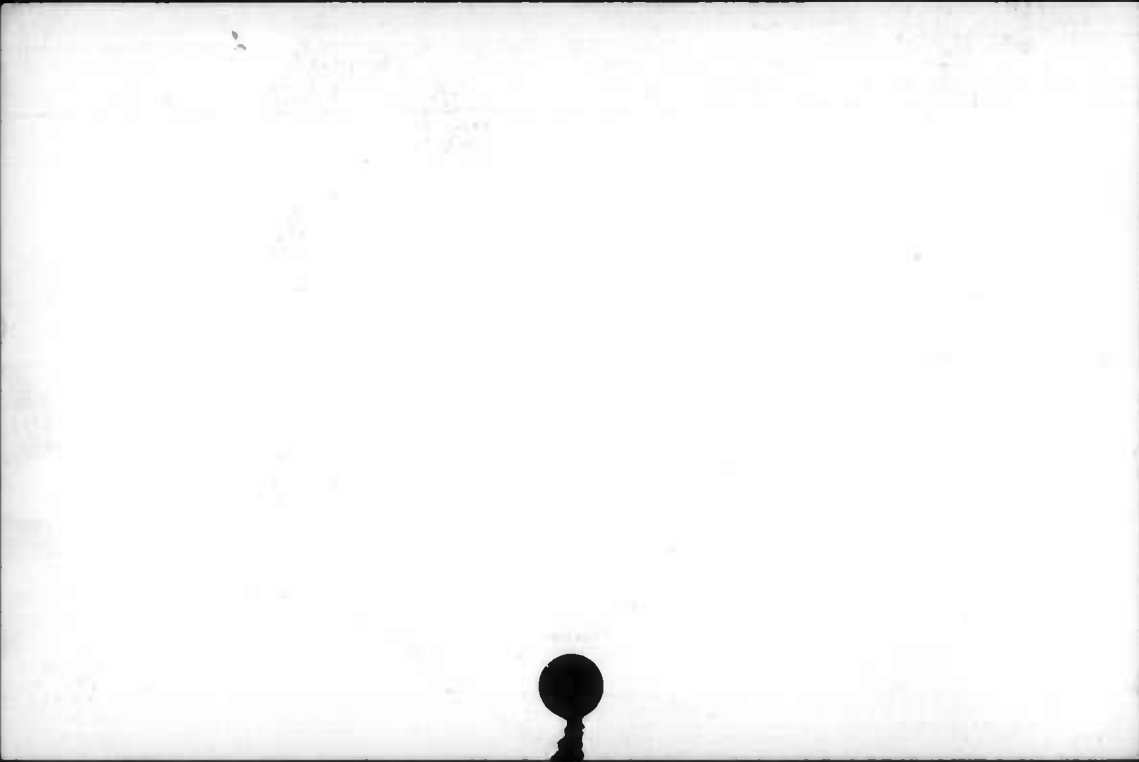
Immediate Exhaustion ^{How long} Several days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician ^{Address} Howard Bratten
Elkton Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Pearl Elizabeth Rutter

CERTIFICATE OF DEATH

Died at *Eck Mills* Town *Cecil* County **MARYLAND**

Date of death 1909 *any* Month *9* Day Age *—* Years Months *8* Days

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Spencer Rutter*

Father's Birthplace *Ind*

Mother's Maiden Name *Rosa Founds*

Mother's Birthplace *"*

Name of person giving Information *Daniel Rutter*

How related to deceased *Grandfather*

CAUSES OF DEATH

Primary *Enterocolitis*

105 How long *1 month*

Immediate *Coma*

Are the name, age, sex, color, data and place correctly given above? *Yes*

Signature of Physician *A. Carried in D*
Address *Cherry Hill*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

946

Name
in
Full

Still Born

Scott

CERTIFICATE OF DEATH

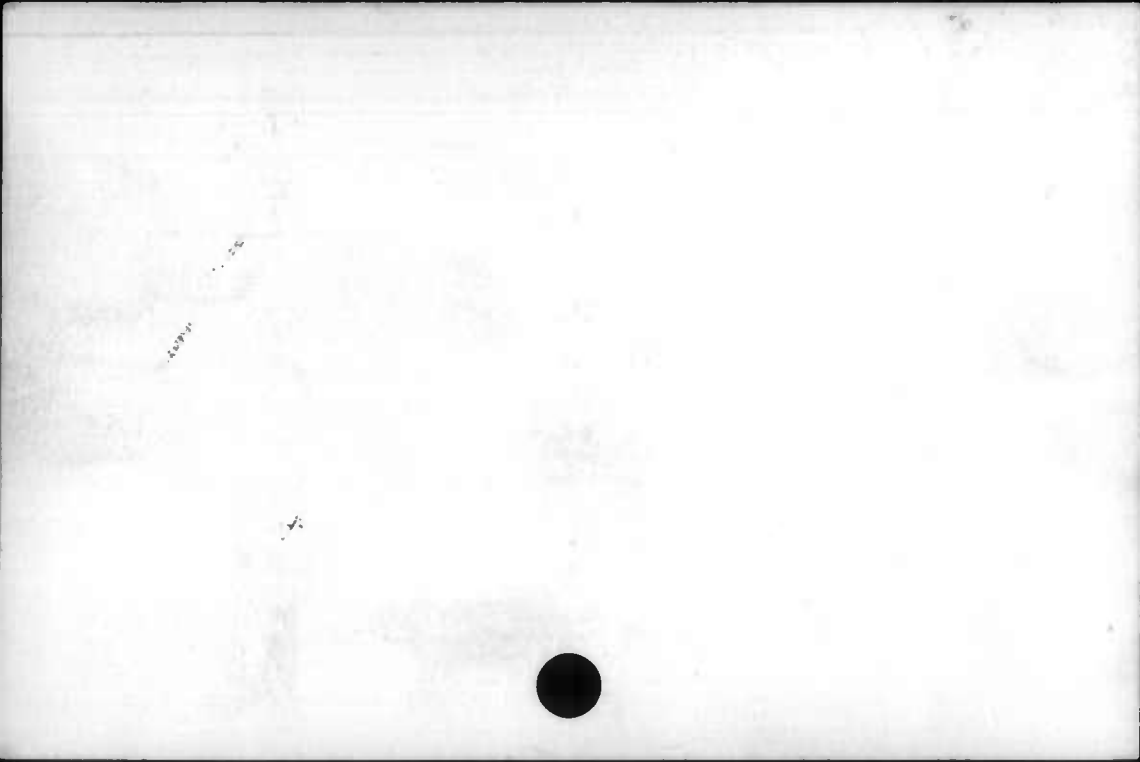
TO BE ANSWERED BY
NEAREST FRIEND

Died at Childs		Town Childs		County Creil		MARYLAND	
Date of death 1909 Aug 1		Month Aug		Day 1		Age —	
Sex Male		Color or Race White		Birth-place Childs Md		Months —	
Occupation —		Where Residing if not at place of death —		Years —		Days —	
Married, Single or Widowed —		Name of Wife or Husband —		Father's Name Byron Scott		Father's Birthplace Cherry Hill Md	
Mother's Maiden Name Edna Davis		Mother's Birthplace Phila Pa		How related to deceased Uncle		Name of person giving Information Dr. R. C. Brown	

CAUSES OF DEATH

Primary	Hemorrhage	(S)	X
Immediate		How long	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician B. H. Brown	
Accident or Suicide		Address 77. 2nd	

PHYSICIAN
OR CORONER



Name
in Full

CERTIFICATE OF DEATH

Esther V Shank
Town Perryville County Cecil

MARYLAND

Died at

Date of death 1909 Aug 22 Age 47

Months

Days

Sex Female Color or Race White

Birth-place Unknown

Occupation Housewife

Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband

Sander Shank

Father's Name David Cunningham

Father's Birthplace Unknown

Mother's Maiden Name Sarah Jones

Mother's Birthplace "

Name of person giving Information John Cunningham

How related to deceased

CAUSES OF DEATH

119

Primary Uraemic Convulsions

How long Short time

Immediate Progressive Cardiac Asthenia Some time

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

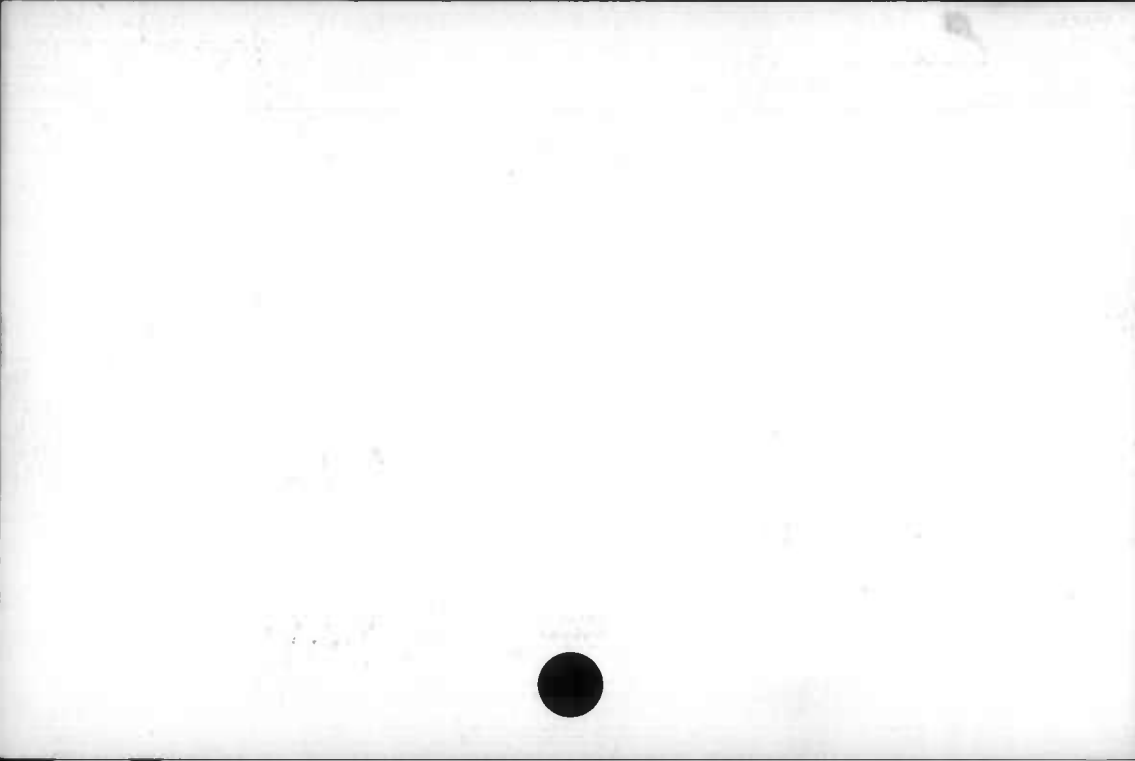
L. S. Taylor, M. D.,
Perryville
Md.

Address

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Anna M. Smith

Town *Charleston* County *Beal* MARYLAND

Died at *Charleston*

Date of death *1909 Aug 210* Age *64* Months Days

Sex *Female* Color or Race *White* Birth-place *Elk Creek*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *James M. Smith*

Father's Name *Thomas Simpson* Father's Birthplace *Elk Creek*

Mother's Maiden Name *Matha Garrel* Mother's Birthplace *Elk Creek*

Name of person giving Information *Elle Murphy* How related to deceased *Sister*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Dropsey & Cancer

How long

one year

Immediate

Heart disease

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

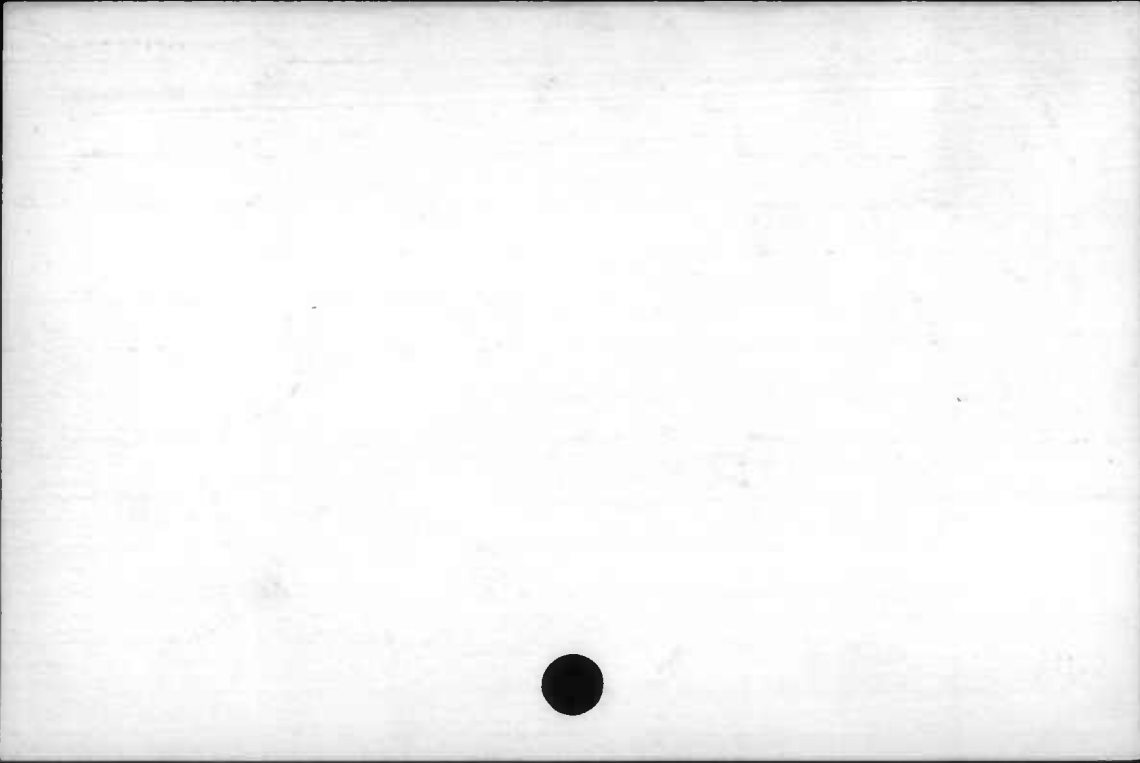
Address

L. J. Hamrick

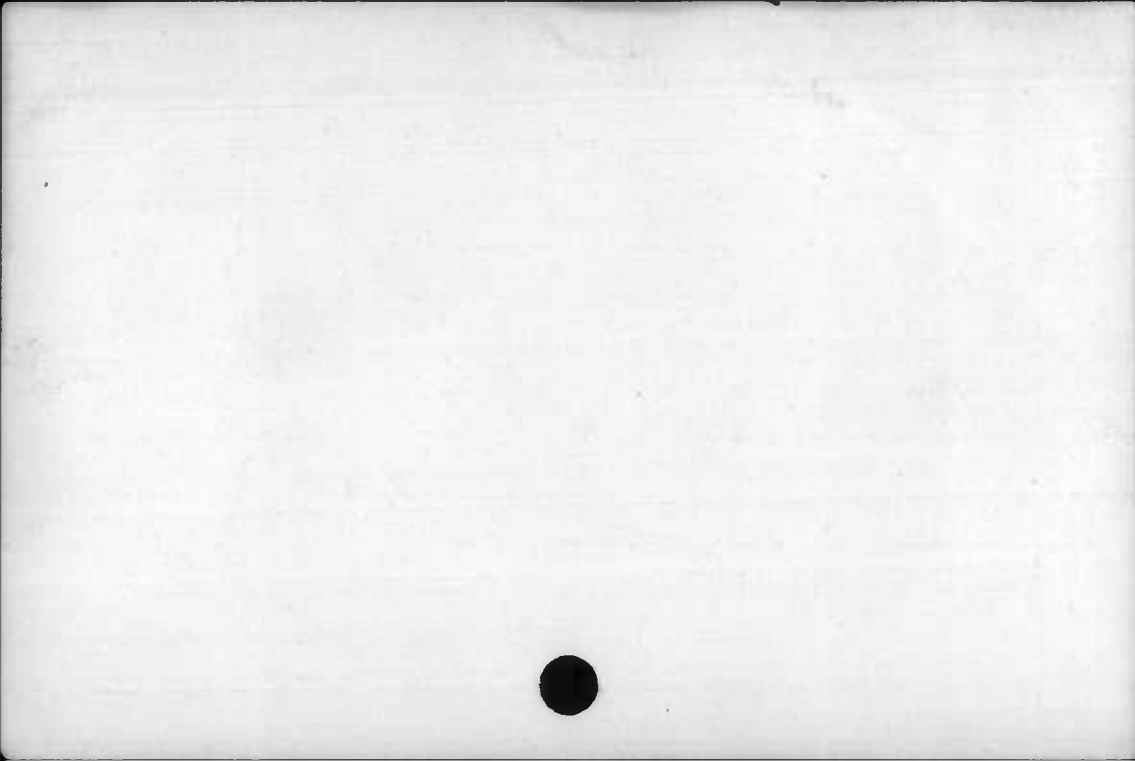
North East

Ms

Accident or Suicide



Name in Full Mary K. Smith		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Perryville <small>Town</small>		Cecil <small>County</small>
	Date of death 1909 <small>Month</small> Aug <small>Day</small> 9 <small>Age</small> 1 <small>Years</small>		2 <small>Months</small> — <small>Days</small>
	Sex Female	Color or Race White	Birth-place Perryville Md
	Occupation —		Where Residing if not at place of death
	Married, Single or Widowed	Name of Wife or Husband	
	Father's Name Stewart Smith	Father's Birthplace Maryland	
Mother's Maiden Name Gussie Keeney	Mother's Birthplace Pennsylvania		
Name of person giving information Gussie Smith	How related to deceased Mother		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Cholera Infantum	105 <small>How long</small>	8 hours
	Immediate	How long	
	Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Gro. W. Stumpf	
		Address Perryville Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Edgar Raymond Shackhouse

Town

County

MARYLAND

Died at Iron Hill

Carroll

Date

Month

Day

Years

Months

Days

of death

1909

8

7

Age

30

Sex

Male

Color or
Race

White

Birth-
place

Philadelphia

Occupation

Agent (Buying)

Where Residing if not
at place of death

Prigons, N. J.

Married, Single
or Widowed

Married

Name of Wife or
Husband

Mary Jarvis Shackhouse

Father's
Name

as S Shackhouse

Father's
Birthplace

Phila

Mother's
Maiden Name

Mary Bunnell

Mother's
Birthplace

"

Name of person giving
Information

Mary Jarvis Shackhouse

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Heart Disease

Immediate

Pneumonia

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. Frank Taylor Sexton
Address
(Crown) Maryland.

Accident or Suicide

PHYSICIAN
OR CORONER

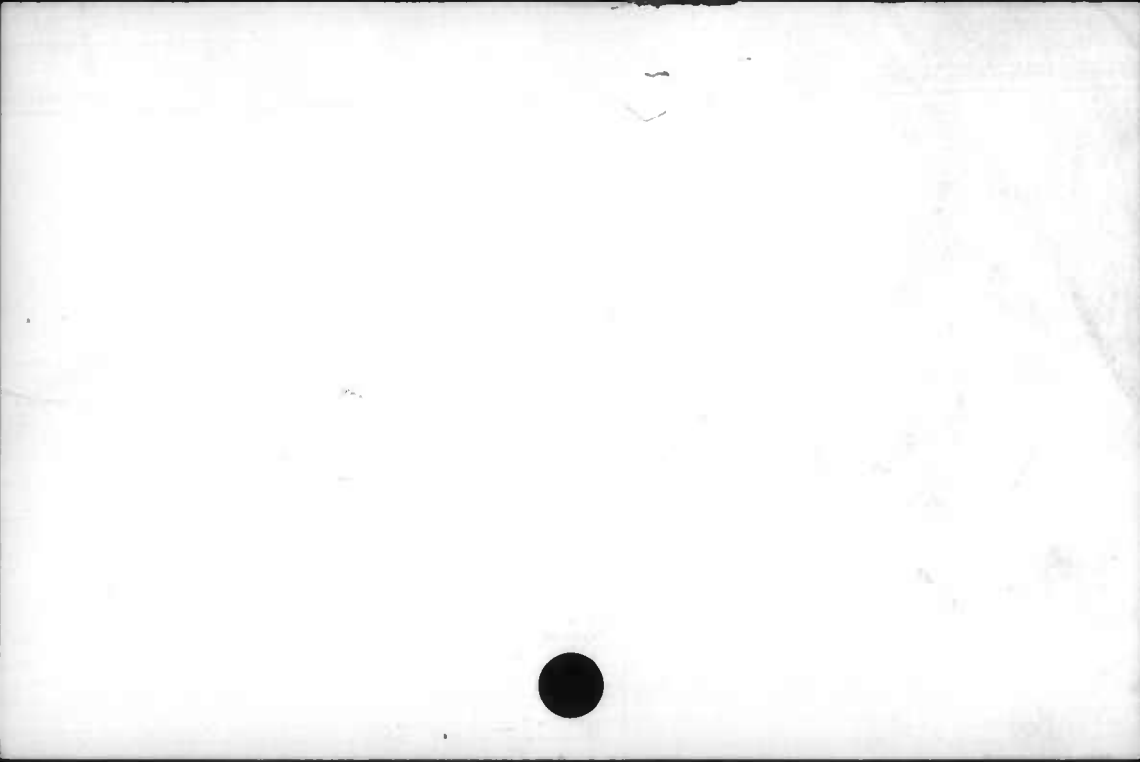
79 X

How long

60 days

How long

4 hours.



Name
in Full

CERTIFICATE OF DEATH

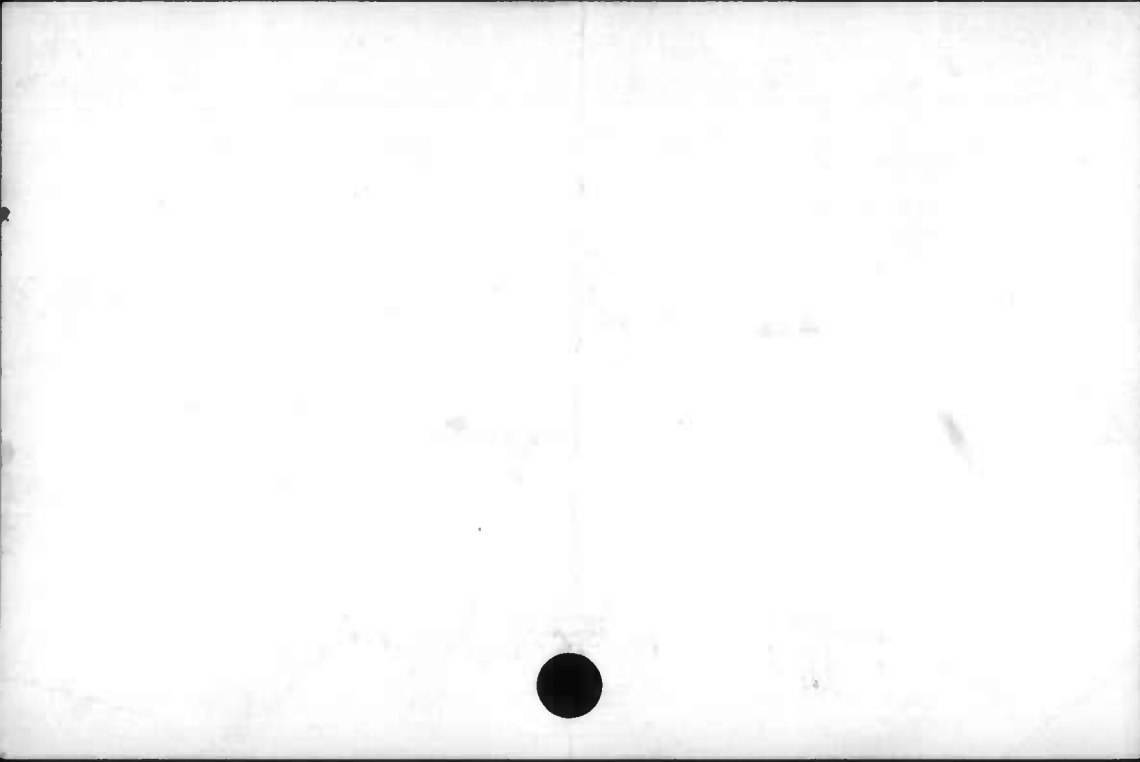
TO BE ANSWERED BY
NEAREST FRIEND

Harriet Isabel Stebbins
Town *Barrel* County *Orill*
Died at *Barrel* State *Orill* MARYLAND
Date of death *1909 Aug 25* Age *84*
Sex *Female* Color or Race *White* Birth-place *Liberty Grove*
Occupation *Retired* Where Residing if not at place of death
Married, Single or Widowed *Widowed* Name of Wife or Husband *William Stebbins*
Father's Name *John Todd* Father's Birthplace *Not known*
Mother's Maiden Name *Not known* Mother's Birthplace *Not known*
Name of person giving Information *William H Todd* How related to deceased *Uncle*

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Fall out of bed
Primary *Broken leg* How long *6 weeks*
Amputation How long *short time*
Immediate
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *H. C. Clemons*
Address *Rock L. Smith*
hus
Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Roy Steele

Town

County

MARYLAND

Died at

Elkton

Cecil

Date

Month

Day

Years

Months

Days

of death

1909

Aug

27

Age

16

7

Sex

Male

Color or
Race

White

Birth-
place

Chester, Pa.

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Not known

Father's
Birthplace

Not known

Mother's
Maiden Name

Gertrude Steele

Mother's
Birthplace

Cecil Co.

Name of person giving
Information

Chas. Kelly

How related
to deceased

None

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

9 Months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Winifred A. Morrison

Address

Elkton, Md.

Accident or Suicide

PHYSICIAN
OR CORONER

247

Name
in
Full

Elizabeth Bennett Stoltz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Augustin</i>		County <i>Cecil</i>		MARYLAND	
Date of death	Month	Day	Age	Months	Days
1909	Aug	4th	—	—	7
Sex	Color or Race	Birth-place			
Female	white	St Augustin Md			
Occupation	Where Residing if not at place of death				
Infant	St Augustin Md				
Married, Single or Widowed	Name of Wife or Husband				
Infant	—				
Father's Name	Father's Birthplace				
William Stoltz	Chesapeake City				
Mother's Maiden Name	Mother's Birthplace				
Fanny Garrison Stoltz	Chesapeake City				
Name of person giving information		How related to deceased			
—		—			

CAUSES OF DEATH

Primary

Acute Indigestion

How long

104

7 or 8

How long

Immediate

exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes

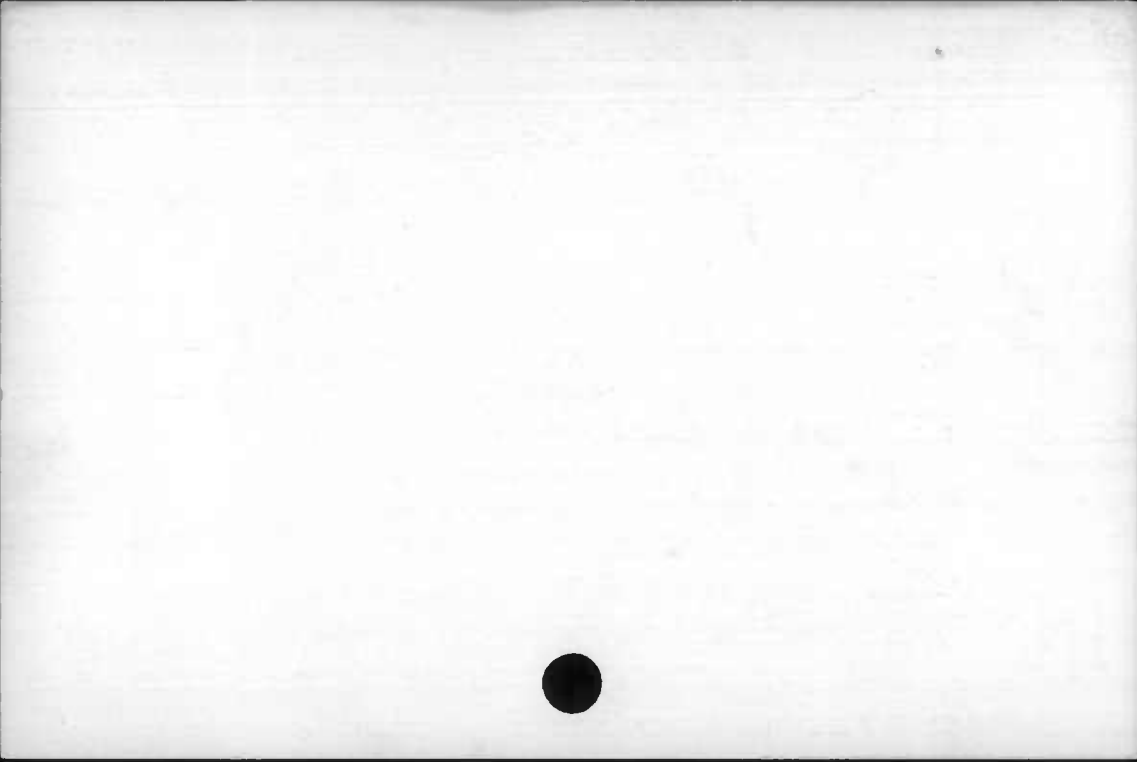
Signature of Physician

Address

Dr. J. A. Conroy
Chesapeake City
Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Frank P. Sullivan

CERTIFICATE OF DEATH

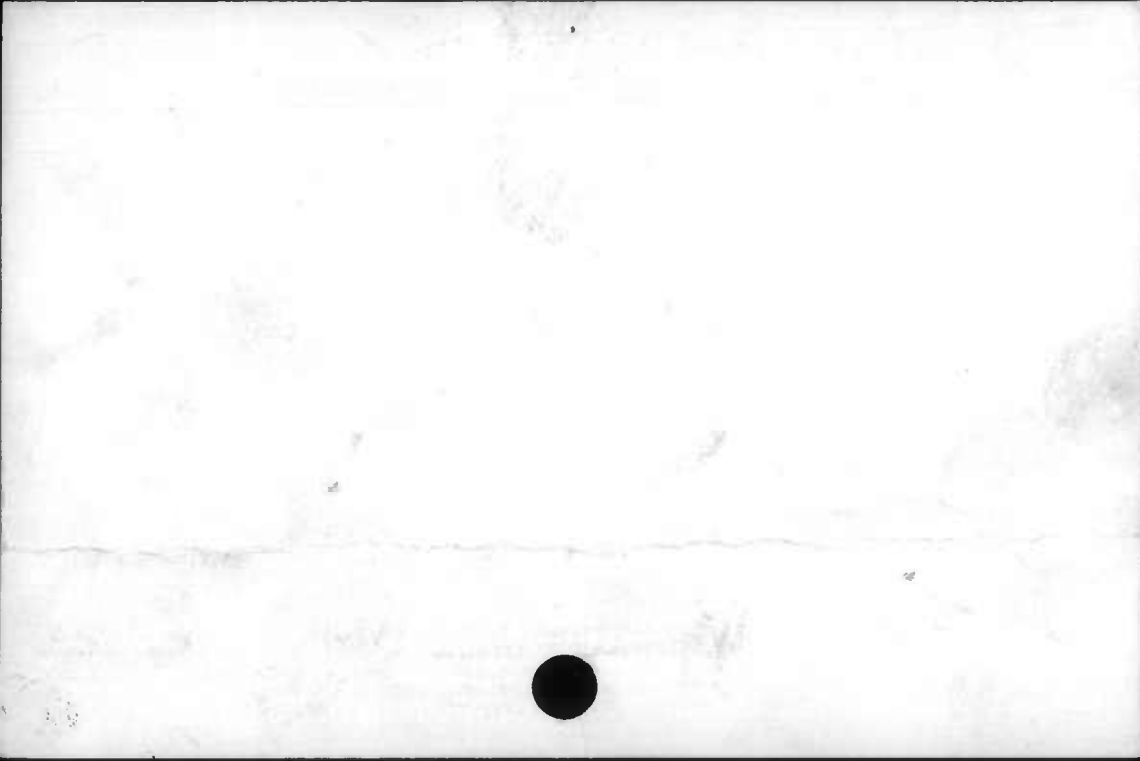
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New market</i>		Town		County <i>Cecil</i>		MARYLAND	
Date of death 1909		Month <i>8.</i>	Day <i>20</i>	Age <i>39</i>	Years	Months <i>1</i>	Days <i>21</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Cecil County</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>on farm near market</i>					
Married , Single or Widowed		Name of Wife or Husband _____					
Father's Name <i>Thos. D. Sullivan</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Catherine Sheehan</i>		Mother's Birthplace <i>Ireland</i>					
Name of person giving Information <i>Jos. A. Sullivan</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

Primary	<i>Enteric Fever</i>	How long	<i>33 days</i>
Immediate	<i>Heart Failure</i>	How long	<i>last 2 or 3 hours of life</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. M. Crawford</i>	
		Address <i>Hilton md</i>	
Accident or Suicide			

PHYSICIAN
OR CORONER



Name
in
Full

Howard J. Truss

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

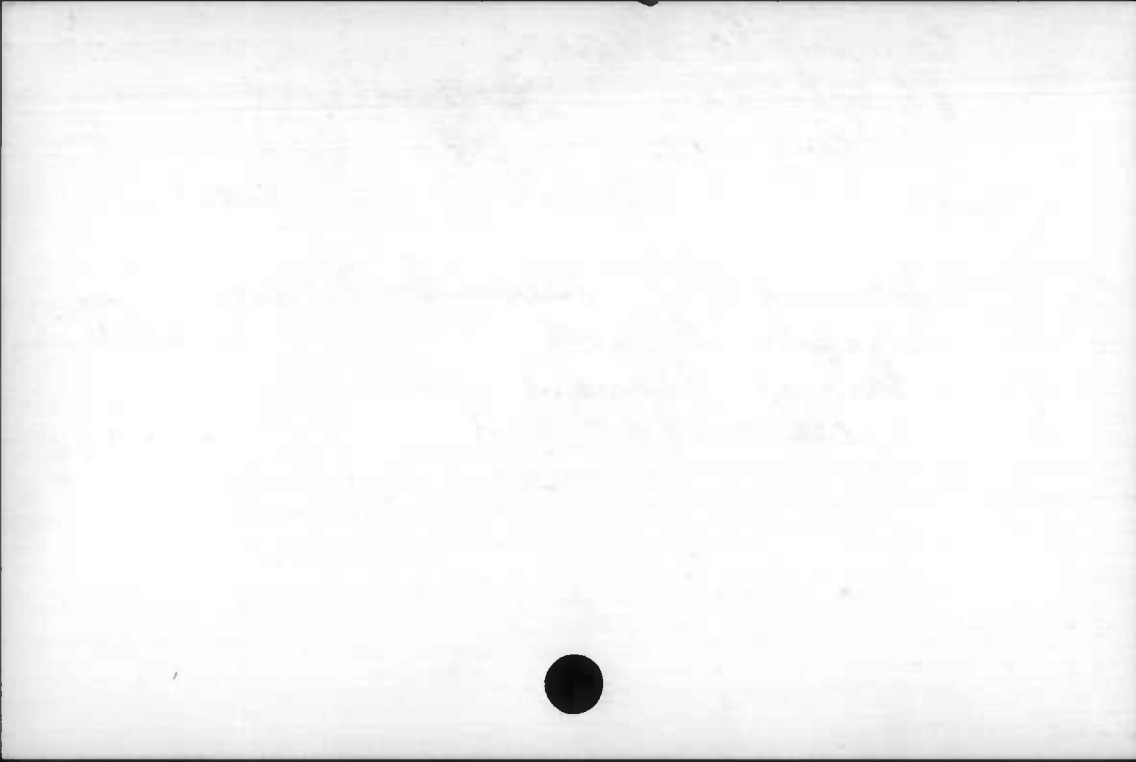
Died at		Town Chesapeake City		County Anne		MARYLAND	
Date of death 1909		Month Aug.	Day 11	Age —	Years —	Months 2	Days 17
Sex Male		Color or Race W.		Birth-place Chesapeake City			
Occupation —		Where Residing if not at place of death —					
Married, Single or Widowed —		Name of Wife or Husband Marion R. Truss					
Father's Name Marion R. Truss.		Father's Birthplace Chesapeake City					
Mother's Maiden Name Katie Lehman.		Mother's Birthplace "					
Name of person giving Information Marion R. Truss.		How related to deceased Father					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Enlarged Calves	How long	3 days
Immediate	Exhaustion	How long	Two hours
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. J. Courney	
		Address Chesapeake City	
Accident or Suicide			



Name
in
Full

Emery E Ward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
Perryville		Cecil		Maryland			
Date of death		Month	Day	Age	Years	Months	Days
1909 Aug 19 th				39		10	
Sex	Male	Color or Race	White	Birth-place	Cecil Co		
Occupation	Breakman on R. R.			Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband		Bertha Ward			
Father's Name	Uriah Ward			Father's Birthplace			
				Unknown			
Mother's Maiden Name	Mary Rogers			Mother's Birthplace			
				"			
Name of person giving Information	Bertha Ward			How related to deceased		Wife	

CAUSES OF DEATH

Primary	Tubercular Laryngitis	How long	26	How long	4 months
Immediate		How long		How long	

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

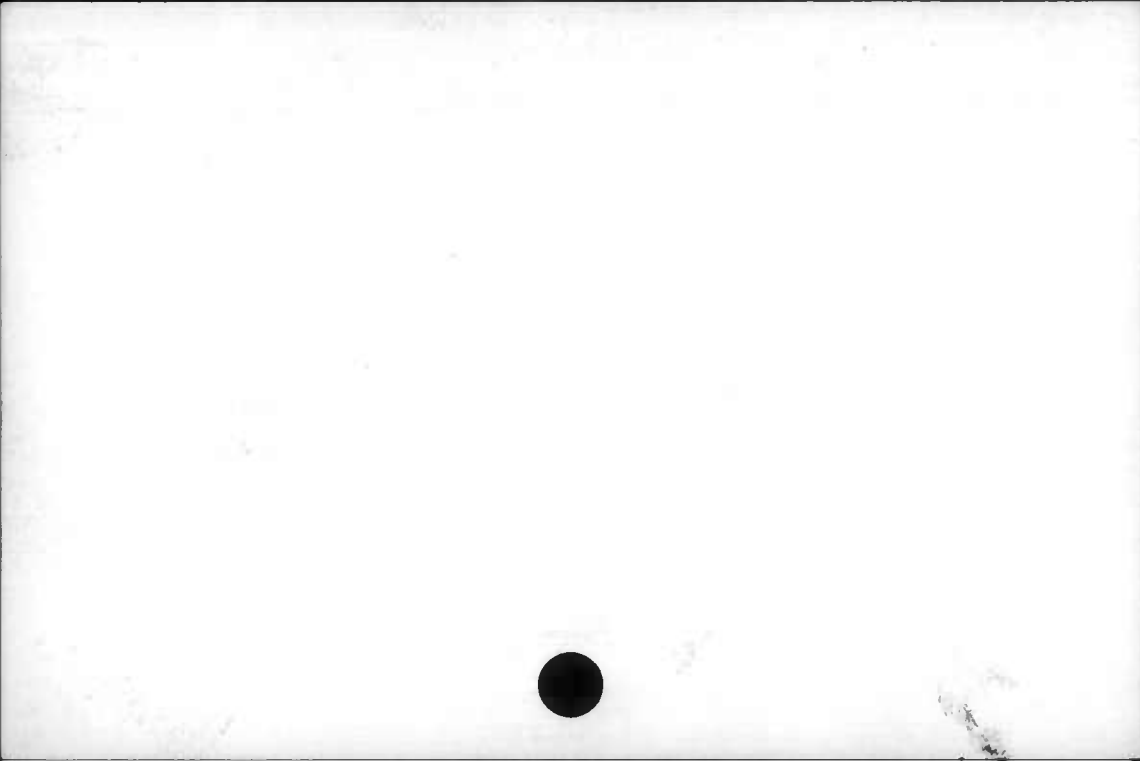
Yes

Signature of Physician

Address

Geo. M. Stump
Perryville

Accident or Suicide



Name
in
Full

Not named Washington
Town County

CERTIFICATE OF DEATH

MARYLAND

Died at near Earleville Cecil

Date of death 1909 8 11

Age Years

Months Days

Sex Male

Color or
Race

Black

Birth-
place

Cecil Co. Md.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Mr Washington

Father's
Birthplace

Cecil Co. Md.

Mother's
Maiden Name

Elizabeth Biddle

Mother's
Birthplace

Cecil Co. Md.

Name of person giving
Information

Mr Washington

How related
to deceased

Father

CAUSES OF DEATH

Primary

Whooping Cough

How long

How long

Two weeks

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

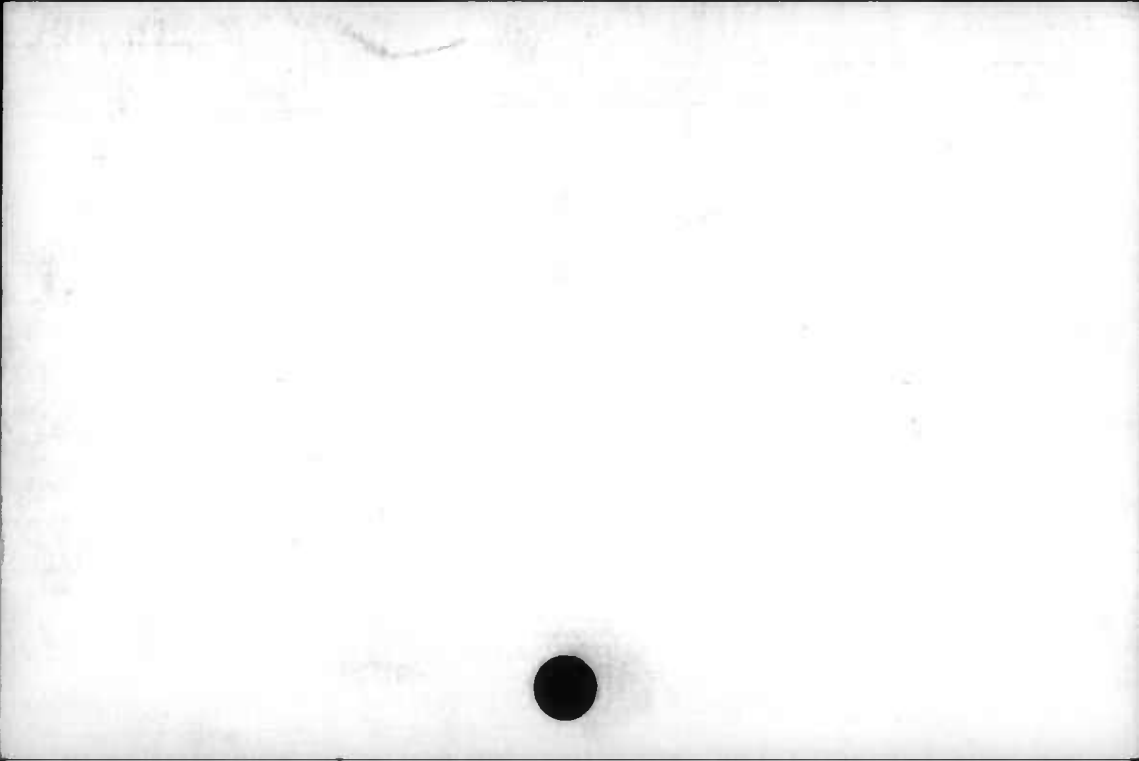
R.M. Block

Cecil Co. Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Colman W Williams

CERTIFICATE OF DEATH

Died at ^{Town} Port-Deposit ^{County} Cecil

MARYLAND

Date of death 1909 Month Aug Day 10 Age 67 Years Months Days

Sex Male Color or Race White Birth-place Port-Deposit

Occupation Not any Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Sarah E Williams

Father's Name Geo P Williams Father's Birthplace Delaware

Mother's Maiden Name Unknown Mother's Birthplace

Name of person giving information Sarah E Williams How related to deceased Wife

CAUSES OF DEATH

120

Primary Bright's disease How long Year

Immediate Urinary encumbering How long

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician H. W. Stueck

Address Piquette, W. V.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

